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FACSIMILE TRANSMISSION COVER SHEET

Date: November 19, 2004

To: United States Patent and Trademark Office
Examiner: Luu, Chuong A; Art Unit: 2825

Fax: (703) 872-9306

Re: **Application Serial No.: 09/575,055**
Filing Date: 5/19/2000; First-Named Inventor: Liu
Attorney Docket No.: 99CON114P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 11

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated July 27, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 99CON114P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Liu, et al.

SERIAL NO.: 09/575,055 FILED: May 19, 2000

FOR: Method for Selective Fabrication of High Capacitance Density Areas in a Low Dielectric Constant Material

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

- ☒ TOTAL EXTENSION FEE \$ 110.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	4	MINUS **27	* = 0	x 18	x 9	\$
INDEPENDENT	4	MINUS ***5	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 99CON114P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 11/19/04By: 

Michael Farjami, Reg. No. 38,135

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I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date: 11/19/04Signature: Christina Carter

Name of Person Performing Facsimile Transmission

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Telephone: (949) 282-1000
Facsimile: (949) 282-1002

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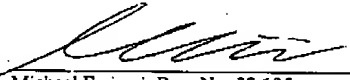
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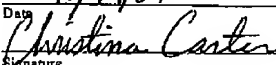
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